



Much attention has been placed on “symptoms” with a concussion. It makes sense, we know now that symptoms are crucial in knowing when the cells have healed enough to be able to put an athlete back to the game. We know that symptoms tell us that calculus is more taxing to a particular student’s brain while physics is harder for another student.

PHYSICAL:

Remove from school sports, PE, physical recess, & dance classes without penalty until medically cleared

Provide **“Strategic Rest”** – scheduled 15 to 20 minute in clinic/quiet space (1X mid-am &/or 1X mid-pm &/or prn). Schedule and take breaks preventatively to avoid symptoms flaring.

Allow sunglasses (inside and outside) &/or headphones/earplugs.

Provide quiet room/environment, quiet lunch, quiet recess. Allow quiet passing in the halls.

Allow option to sit out (without penalty) of music, of orchestra, band &/or computer class if symptoms are provoked or try headphones. Attempt return to class ASAP &/or when symptoms subside.

EMOTIONAL:

Allow student to have “signal” to leave room.

Understand that mental fatigue can manifest in “emotional meltdowns” (often anger/frustration with adolescents; sad/ crying with younger children).

Allow student to remove him/herself to de-escalate &/or visit with supportive adult (counselor, nurse, advisor).

Watch for secondary symptoms of depression and anxiety due to social isolation and **concern over “make-up work”** or slipping grades. These extra emotional factors can delay recovery.

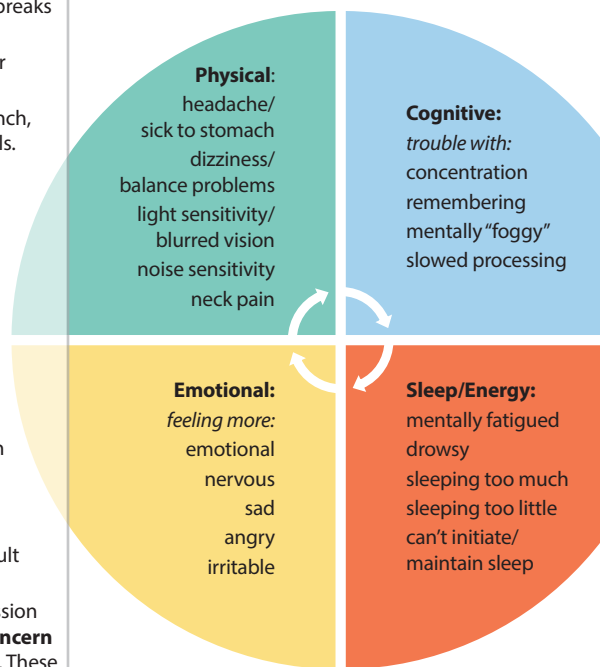
SYMPTOM WHEEL

Suggested Academic Adjustments

McAvoy, 2011

Read “Return to Learning: Going Back to School

Following a Concussion” at nasponline.org/publications/cq/40/6/return-to-learning.aspx



COGNITIVE:

REMOVE non-essential work. Is it essential for mastery or grades? If not, consider removal without penalty or make-up.

REDUCE workload in the classwork/homework. Consider only requiring 10% to 33% of work in Week 1; 33% to 66% of work in Week 2; 66%+ of work in Weeks 3 and 4.

REDUCE repetition of work; go for quality not quantity.

Adjust “due” dates if work is deemed essential; allow for extra time if needed.

Do not penalize for work not completed during recovery. Grade on work completed.

Allow student to “audit” classwork (listen, learn, discuss) with little to no written output.

Exempt/postpone large test/projects; alternative testing (quiet testing, one-on-one testing, oral testing).

Allow for “buddy notes” or teacher notes, study guides, word banks, open book.

Allow for technology (tape recorder, smart pen) if tolerated. “Pace” time on computers.

SLEEP/ENERGY:

“Pacing” = Allow for 5 to 10 minute breaks in classroom (eye/brain/water breaks = eyes closed, head on desk, bathroom breaks) after periods of mental exertion.

Allow late start or early dismissal, for a short time or prn.

The development of the Symptom Wheel denotes:

- Certain symptoms lend themselves to certain interventions.
- Especially in the acute phase of the concussion, the first 1 to 4 weeks, interventions can and should be applied generously in the general education classroom. Generous interventions should be slowly weaned away as weeks progress.
- Cognitive recovery is not linear; it is 2 steps forward and 1 step back; symptoms flare in some classes and not in others; symptoms flare at certain times of the day and not all day.
- Low level symptoms: ie. tolerable/manageable/intermittent are OK to have in the classroom.
- In the acute phase of the concussion (first 1 to 4 weeks), the Symptom Wheel is not intended to be prescriptive: General education teachers are encouraged and empowered to apply any and all interventions that are needed for a particular student based upon:
 - o Symptoms of that student
 - o Time of day of the class and the subsequent fatigue level
 - o Type of class you teach – taking into account your teaching style and your content area
- General education teachers are encouraged and empowered to remove any and all interventions when they feel they are no longer needed.
- **There is no such thing as “medical clearance” for academic interventions.** The classroom is the domain of the teacher, not the doctor. It is the teacher that may decide when to apply and when to remove interventions.
- In the protracted phase of recovery (after 4+ weeks) and/or if a Section 504 Plan needs to be implemented, the Symptom Wheel is intended to be prescriptive: the one or two most problematic symptoms should be identified and the most promising interventions should be applied, progress-monitored and adjusted.